

BLABY RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year 1949





BLABY RURAL DISTRICT COUNCIL

A N N U A L R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the year 1949

Mr. Chairman, Ladies and Gentlemen,

I beg to present the Annual Report on the Health of your district for the year 1949.

The Registrar General's estimate of the population is 38,360, which is an increase of 310 over the previous year.

STATISTICS FOR THE YEAR

Population: The Registrar General's estimate for 1949 is 38,360, which is an increase of 310 over the previous year.

			<u>1949</u>	<u>1948</u>
Births,	Legitimate M.	306	615	632
	Illegitimate M.	<u>10</u>	<u>27</u>	<u>25</u>
		<u>316</u>	<u>642</u>	<u>657</u>
Birth-rate			16.7	17.2
Birth-rate for England and Wales			17.9	17.9
Still-births (none were illegitimate)			10	23
Deaths M.195 F. 184 total 379				
Death-rate (crudo)			9.9	9.2
Registrar General's Correction Factor for age and sex				1.04
Corrected death-rate		10.3		
Death-rate for England & Wales			11.7	10.8
Deaths of Infants under one year of age			19	18
(No infant death was illegitimate)				
Infant mortality rate per 1000 births			29.5	27.4
" " " for England & Wales			32	34

Causes of Death

The chief causes of death were: Heart disease 111, Cancer 56, Inter-cranial vascular lesions (stroke) 52, Bronchitis 10, Pneumonia 7, Congenital malformation 10, Nephritis (kidney disease) 11, Tuberculosis 11, Premature birth 7, Road traffic accidents 4, Other violent causes 10, Influenza 5.

COMMENTS ON STATISTICS

Birth-rate

The birth-rate continues to fall, but only slightly so.

Death-rate

The death rate(9.9) compares with 11.5 for England and Wales which is satisfactory.

The following are the figures for the past five years:

	<u>Blaby R.D.</u>	<u>Eng. & Wales</u>
1944	9.9	11.6
1945	9.5	11.4
1946	10.9	11.5
1947	10.2	12.0
1948	<u>9.2</u>	<u>10.8</u>
Average	<u>9.9</u>	<u>11.4</u>

Infant Mortality

The infant mortality showed a slight rise over the previous year, which was exceptionally low. Blaby R.D. continues to compare favourably with the country as a whole. Thus the average for the previous five years (1944-48) was:

Blaby R.D.

25

Eng. & Wales

42

Cancer

I am glad to be able to report that rather fewer deaths from cancer occurred in 1949 than in the previous year, the figure (56) being about the average of recent years. I have so often had to report an increase in cancer deaths that, although the figure is still high, we must be thankful that it is not higher.

As regards the cause and prevention of this dreaded disease I fear there is nothing of real importance to report.

GEOGRAPHICAL AND SANITARY CIRCUMSTANCES OF THE AREA

The Blaby R.D. is situated to the south-west of the City of Leicester, with which it is contiguous. On the north-west it adjoins Market Bosworth R.D., it makes a small contact with Hinckley R.D. on the west; on its southern boundary it is contiguous with Lutterworth and it makes a slight contact with Billisdon on the east.

Blaby R.D. is really only semi-rural in character. This is due largely, to its contiguity with the City of Leicester. The parish of Braunstone, the nearest to Leicester, has a population of over 7,000, nearly one quarter of the population of the whole district. Six other parishes, Warborough, Enderby, Glenfields, Glen Parva, Kirby Muxloe and Blaby have populations between 2,500 and 3,500, while four other parishes, Countesthorpe, Whetstone, Stoney Stanton and Croft have populations between 1,000 and 2,000.

The average population of the 19 parishes (excluding four hamlets) is 1,700.

In this respect Blaby Rural District is in marked contrast with the rural districts which adjoin it. Lutterworth R.D., for example, is purely rural in character, and the average population of its 25 parishes, including the small country town of Lutterworth, is only 420.

Various industries are carried on in the District, notably quarrying in Croft, Enderby and Stoney Stanton.

As regards sanitary amenities, such as water supply, sewage disposal, refuse collection, transport, housing, Blaby R.D. is better provided for than most rural districts. Schemes have been prepared for making good any deficiencies, and these are being put in hand as fast as national conditions permit.

CONTROL OF INFECTIOUS DISEASE

Notifiable Infectious Disease

<u>Disease</u>	<u>Cases notified in 1949</u>				<u>Deaths</u>
Scarlet Fever	70	...	4
Whooping cough	197	...	2
Diphtheria	0	...	-
Measles	611	...	-
Acute pneumonia	29	...	-
Cerebro-spinal fever	1	...	-
Acute poliomyelitis	6	...	1
Dysentery	2	...	-
Ophthalmia neon'm	1	...	-
Puerperal pyrexia	1	...	-
Paratyphoid fever	0	...	-
Typhoid fever	0	...	-
Erysipelas	11	...	-
Pulmonary tuberculosis	30	...	10
Other forms of tuberculosis	7	...	1
			<u>966</u>		<u>14</u>

Four cases of suspected diphtheria were reported but none was confirmed.

Measles

1949 was an epidemic year for measles, no less than 611 cases being reported. The parishes most affected were Braunstone, 125; Narborough, 90; Glenfields, 95; Glen Parva, 71; Countesthorpe, 59; and Kirby Muxloe, 39.

As I have said in previous reports, in my opinion the notification of measles is not worth the expenditure of time and money which it involves. Started as a war-time measure, it is a pity that it was not discontinued when the war ended, if not before that.

Whooping Cough

It is much to be desired that a safe and effective method of immunising against whooping cough, comparable to immunisation against diphtheria, could be discovered. Hitherto the Government has not felt justified in recommending immunisation against whooping cough, and there is good reason for this. In the first place immunisation against whooping cough has not proved its efficacy; and secondly, during the last year or two evidence has been forthcoming to a casual connection between immunisation and the occurrence of cases of polio-myelitis.

For the present, therefore, immunisation against whooping cough is not to be recommended. Needless to say the whole question of a possible connection between immunisation and polio-myelitis (infantile paralysis) is being seriously studied.

Scarlet Fever

Scarlet fever is now a very different disease from what it was 50 years ago. Then it was a serious menace to health, which often proved fatal, and in addition was a common cause of deafness owing to septic complications in the ear. To-day it is by comparison a trivial disease. Of the 70 cases reported in 1949 none proved fatal; and of 880 cases in the past 11 years, 1939-49, only two proved fatal.



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Polio-myelitis (Infantile Paralysis)

Six cases were reported during the year, but in only one instance was there more than one case in a parish. In that instance there were two cases in the same household, a very unusual occurrence. This disease is a very puzzling one. Not so many years ago it was not regarded as an infectious disease and cases used to be treated in the general wards of hospitals. To-day it is definitely included in the zymotic group as disease caused by a specific virus; but it seldom seems to spread from case to case. In the present state of our knowledge it is believed to be spread from apparently healthy "carriers"; but it is strange that there is so little "clustering" of cases in houses or schools or villages.

The disease was fairly wide-spread throughout both City and County during the year under review.

Tuberculosis

The number of fresh cases of tuberculosis notified was: pulmonary, 30; non-pulmonary, 7. This is a larger number of pulmonary cases than for several years, but as shown in the following table, if we compare the last five years with the preceding five years, there has been a substantial reduction. The table also gives the number of deaths, and these too show a reduction.

Tuberculosis in the Blaby R.D.

1940 - 49

<u>Year</u>	<u>Cases</u>		<u>Total</u>	<u>Deaths</u>		<u>Total</u>
	<u>Pulmonary</u>	<u>Other</u>		<u>Pulmonary</u>	<u>Other</u>	
1940	20	12		15	2	
1941	37	14		20	5	
1942	43	11		13	4	
1943	24	14		23	3	
1944	<u>35</u>	<u>7</u>		<u>11</u>	<u>2</u>	
Total	<u>159</u>	<u>58</u>	<u>217</u>	<u>82</u>	<u>16</u>	<u>98</u>
1945	18	3		12	2	
1946	18	4		18	3	
1947	11	14		10	-	
1948	19	11		10	1	
1949	<u>30</u>	<u>7</u>		<u>10</u>	<u>1</u>	
Total	<u>96</u>	<u>39</u>	<u>135</u>	<u>60</u>	<u>7</u>	<u>67</u>

Diphtheria

The virtual disappearance of diphtheria from the Blaby R.D. since immunisation was introduced is certainly very gratifying.

The following table is certainly remarkable. No correction has been made for cases in which the diagnosis was not confirmed because in the earlier years our records do not enable this correction to be made. Thus, none of the four cases shown for 1949 proved to be diphtheria, and only one of the three for 1948.

The figures for the country as a whole show a similar big reduction. It is too soon yet to be quite certain that the reduction is due, or entirely due, to immunisation, but as far as they go they are certainly very satisfactory.

Diphtheria Statistics

<u>Year</u>	<u>Cases</u>	<u>Deaths</u>	
1936	31	0	
1937	32	2	
1938	26	2	
1939	23	0	
1940	53	5	
	(Immunisation begun)		
1941	44	1	
1942	30	3	
1943	11	0	Only one of these six fatal cases had been immunised, as mentioned above
1944	16	0	
1945	25	2	
1946	11	0	
1947	5	0	
1948	3	0	
1949	4	0	

Diphtheria Immunisation

Under the National Health Service Act diphtheria immunisation was taken out of the hands of the District Councils and placed under the County Council. The year 1949 was the first complete year under the new arrangement, and as shown in the following table the number of children immunised has been fairly well maintained. There has been some diminution but not very much, and allowing for the fact that it takes time for any new arrangement to get going the figures may be regarded as satisfactory.

The following table shows the amount of immunisation done each year since the scheme was started:

Diphtheria Immunisation in the Blaby R.D. 1941 - 1949

	<u>Sessions</u>	<u>Under 5</u>	<u>5 - 14</u>	<u>Total</u>	<u>Re-immunised</u>
1941	84	730	2333	3063	
1942	52	526	431	957	
1943	105	536	361	897	
1944	102	570	76	646	
1945	96	589	91	680	177
1946	90	447	133	580	786
1947	90	568	70	638	170
1948	-	610	43	653	410
1949	-	510	28	538	373

Immunisation taken over by County Council mid-year, 1948

If we take the average of the last four years that the Blaby R.D.C. was carrying out the work themselves the figures for primary immunisations was 636, while the corresponding figure for 1949 was 538, or a reduction of 15%.

Smallpox and Vaccination

Compulsory vaccination, which was virtually abandoned in Leicester and Leicestershire over 60 years ago, was formally abandoned for the whole country under the National Health Service Act which came into operation in July 1948.

Since then the proportion of children vaccinated has fallen materially. During the first six months of non-compulsion, i.e. during the second half of 1948, the amount of infant vaccination done in England was only about half the amount done previously when compulsion was nominally in force. For the year 1949 a slight further fall, of about 2% was recorded. These figures are taken from a report by the Medical Research Council given in the Bulletin for May, 1950.

A remarkable feature of the figures is the great variation in different areas. In some towns and counties the proportion of children vaccinated has actually increased since compulsion was dropped. No general reason for these sharp differences is apparent. As regards Leicester and Leicestershire the figure was already so low, even under nominal compulsion, that there was not room for very much further fall; but it has fallen, and for the year 1949 the figure for Leicester County was 7.1%, and for Leicester City only 1.3%. The latter is quite the lowest figure for any county or town.

It is possible, of course, that the fact that I have for nearly half a century been preaching that universal vaccination of infants was not necessary for the effective control of smallpox may have had something to do with the strong feeling in Leicester and Leicestershire against compulsory vaccination; and if so I am not ashamed of it. During the past years I have taken any opportunity which offered in the medical journals of pressing home my views, and certainly the lapse of time has apparently confirmed the views that infant vaccination is not necessary. The disease continues to be imported from time to time into the country but, thanks to vigilant surveillance of potential contacts and prompt isolation of any cases which may occur, each outbreak has, for very many years now, been successfully suppressed.

Considering the great importance at one time attached by the medical profession to universal vaccination, it is rather surprising that the proposal, in the National Health Service Act, to abandon compulsion met with so little opposition.

Outbreak of Smallpox in connection with s.s. "Moulton"

Reference to this outbreak was made in my last annual report, but as it actually occurred during the year now under review a further reference is permissible, especially as the outbreak so well illustrates the efficacy of modern methods of controlling smallpox in spite of the fact that infant vaccination has for many years been falling more and more into disuse.

In the Moulton outbreak the fact that there had been a case of smallpox on board was not recognised until the vessel reached the Port of London, so no special precautions had been taken and it was thought necessary to treat all the 1400 passengers and crew as potential contacts. Names and destination of every one was at once dispatched to the M.O.H. for every local authority concerned. One such intimation was received by your M.O.H. who at once visited the house (in Kirby Muxloe) and found the house-holder just starting out to go to Leicester station to meet the new arrival (a woman missionary from India). She was kept under observation until the end of the incubation period of smallpox, and had she developed any symptoms of smallpox she would at once have been removed to hospital. Fortunately she remained well, but not all were equally fortunate. Eleven of the passengers and crew developed the disease and of these five proved fatal, but being under observation the necessary preventive measures were taken and not one single further case resulted, so the outbreak was at an end.

Outbreak at Glasgow in connection with s.s. "Chitral"

During the present year another outbreak has occurred which also demonstrates in an equally striking manner the efficacy of modern methods. Here an overlooked case in an Asian seaman, also from Bombay, infected no less than 18 persons - members of the staff, visitors and patients - at the hospital in which he was being treated as a case of chickenpox. And here again no further cases arose and the outbreak was at an end. But owing to the alarm caused by the outbreak, and to the fact that six of the cases

proved fatal something like 300,000 persons got vaccinated in the Glasgow area.

Biological Milk Sampling

It is now recognised that the only really effective test for tubercle bacilli in milk is the biological test, i.e. the injection of a small quantity of the milk (after centrifugalising) into a guinea pig, an animal which is very susceptible to tuberculosis. If no signs of tuberculosis are found when the animal is killed after a sufficient interval of time, especially in the lymphatic glands serving the area of inoculation, it is reasonably certain that there were no T.B. bacilli in the sample. Samples of milk are now beginning to be taken in some districts for the express purpose of being submitted to this biological test. Either the District Councils or the County Council have the power to undertake this work. During the year the Blaby R.D. took sixteen samples and in one case the result was positive.

Action by the County Council

As the biological sampling is a new development and clearly needs co-ordination, the County M.O.H. (Dr. G. H. Gibson) called a conference (17th February 1950) of District M.O.Hs and Sanitary Inspectors to consider the matter. Dr. Gillespie, (Director of the Public Health Laboratory) was also present, and he explained that at present the supply of guinea pigs available was limited, and as each sample tested involved the destruction of one guinea pig, it would be necessary to arrange for a quota of samples from each district wishing to undertake the work. After discussion it was arranged that the County M.O.H. should draw up a scheme and that in the meantime the question should be submitted to the respective local authorities after which a further conference should be held.

HOUSING

The importance of good and adequate housing conditions is now so well recognised that it is not necessary to stress it here. Fortunately the acute shortage of houses which followed as a consequence of the cessation of building during the war is now beginning to be overtaken, both in Blaby R.D. and throughout the country.

The following figures showing what has been accomplished in the Blaby District since the war ended have been supplied by Mr. James, the Council Surveyor.

Temporary Bungalows (prefabricated)

Kirby Muxloe	10	All completed and occupied
Braunstone	20	
Whetstone	20	
Countesthorpe	10	
Cosby	10	
Narborough	10	
Enderby	20	

Permanent Houses (including agricultural cottages)

	<u>Commenced</u>	<u>Completed and occupied</u>
Blaby	128	92
Braunstone	126	72
Cosby	32	12
Countesthorpe	4	-
Elmesthorpe	4	4
Enderby	58	8
Glenfields	81	70
Narborough	98	80
Sapcote	26	-
Sharnford	6	4
Stoney Stanton	20	-
Whetstone	32	-
	<hr/> 615	<hr/> 342

Additional Sites

Sites for houses to meet additional needs are being purchased and developed as follows:

Aston Flamville	4	Kilby	12
Cosby	46	Kirby Muxloe	30
Countesthorpe	66	Sharnford	34
Croft	44	Stoney Stanton	38
Enderby	44	Thurlaston	18
Huncote	46	Whetstone	26

The development of these sites is dependent upon the future allocation of new houses to this district under the zone scheme.

Houses by Private Enterprise

444 houses have been licensed by the Council for letting, sale, or owner-occupation, and reasonable progress is being made by private enterprise in this respect, 417 houses having been completed.

Applicants waiting for Houses

At the end of the year there were 681 applicants for houses remaining on the waiting list. This is an increase of 53 as compared with the previous year and gives some indication of the needs of the district as regards new houses.

SEWAGE DISPOSAL

The following figures have been supplied by the Council Surveyor:

Main drainage exists in 12 parishes and is required in 8, viz:

Sapcote	Kilby
Sharnford	Aston Flamville
Stoney Stanton	Wigston Parva
Thurlaston	Elmesthorpe

The remaining three parishes, Leicester Forest West, Lubbesthorpe and Potters Marston, are purely agricultural and sparsely developed and will no doubt have to rely upon cesspool drainage for many years to come.

A main drainage scheme, estimated to cost £58,500, for the parishes of Sapcote, Sharnford and Stoney Stanton, which is urgently needed and which has been approved by the County Council and the Ministry of Health, and which really seemed, after many disappointments to be on the verge of materialising, was held up by the Ministry because of the national need for curtailment in capital expenditure. At the time of writing, an effort is being made by your Council to get the Ministry to re-consider their decision, and a deputation from the Council has waited upon the Ministry with this end in view.

New sewage disposal works for Enderby to cost £20,000 are being held up for the same reason.

The construction of new sewage disposal works for the parishes of Narborough and Cosby, the estimated cost of which is £23,000, is nearing completion.

Schemes have been prepared and submitted to the Ministry for the parishes of Kilby (£12,000) and Thurlaston (£14,200). Extensions to several more sewage disposal works will be required to deal with post-war housing development, and to improve certain existing works, in order to receive the additional sewage from over 2,000 pail closet conversions.

WATER SUPPLY

A piped water supply is available in 18 parishes and is required in three, viz:

Aston Flamville

Kilby

Thurlaston

Schemes for providing these parishes with a piped supply have been submitted to the Ministry of Health and a scheme for Wigston Parva at a cost of £6,400 is nearing completion.

Negotiations with Leicester Corporation and Hinckley U.D.C. have been in progress for a considerable time regarding additional supplies of water for the Blaby R.D. and the Ministry has been asked to endeavour to expedite agreement in the matter.

Croft Water Supply

The parish of Croft is supplied with water by the Croft Granite Co. This water is excessively hard, a fairly recent analysis showing 78 degrees of hardness, and in the past it has been harder still. Such an extremely hard water is not a good water and is most unsuitable for domestic purposes. It should only be tolerated if a good soft water is not available. As a matter of fact, however, Croft is now in the area of supply of the Leicester Corporation and the Blaby R.D.C. have applied to the Ministry of Health for sanction of a loan to enable them to lay a main from the neighbouring village of Huncote (already supplied with Leicester water) to their new building estates at Croft. It is greatly to be desired that the whole parish of Croft should be supplied from the same source in place of the existing supply.

Deficient Water Pressure at Enderby and Countesthorpe

The parishes of Enderby and Countesthorpe are apt to suffer a serious shortage of water at week-ends owing to lack of pressure in the supply from the Leicester Corporation. Representations have been made to the Leicester Corporation on the matter and they propose to remedy the trouble by constructing a new reservoir at Enderby of about one million gallons capacity. It is hoped to put this in hand within about 18 months.

SANITARY INSPECTOR'S ANNUAL RETURN

A large mass of detail is given in the Annual Return made by the Chief Sanitary Inspector (Mr. Galsworthy) and which he is amplifying, as was the case last year, in an annual report.

Pail Closets

He estimates that there are still 1936 pail closets remaining in the district, 140 having been converted to water-closets during the year. This is rather more than in the previous year.

The contribution made by the Council towards the cost of conversion (half the cost up to a maximum of £7.10.0 per closet) is really a very good investment, even if only looked at from the financial aspect, as it saves the Council the heavy continuing expense of emptying the pails. Pails are emptied by the Council weekly, during day time. Cesspools are emptied (in all parishes except Glenfields) every three months.

Milk Supply

As regards milk supply, there are 186 cow-keepers in the district, and 75 visits of inspection were made; 29 purveyors of milk and 10 dairies to whom 27 visits were made; 91 samples of milk were taken by the district inspectors for bacteriological examination, 12 of which were reported as being unsatisfactory.

As regards ice-cream, there are 34 retailers in the district, 9 of whom manufacture and retail, 79 samples were taken with the following results:

Grade 1	48
Grade 2	15
Grade 3	10
Grade 4	6

Slaughter Houses

There are 18 private slaughter houses in the district, at which 1112 animals, all pigs, were slaughtered; - were slaughtered elsewhere. Your inspector made 449 inspections of meat at the time of slaughter.

Water Supply

A piped supply was substituted for well water in 116 cases. Of the houses with a piped supply, 10,399 are supplied direct, the remainder (509) from standpipes. Of 64 samples of well water 51 were reported as being unsatisfactory.

Public Cleansing

Scavenging is carried out by direct labour. House refuse is collected weekly as far as possible, six "Karrier" collecting vehicles being used.

Overcrowding of Dwelling Houses

30 houses (including 11 fresh cases) were known to be overcrowded and 14 cases were relieved.

CONCLUSION

In conclusion I would once again make reference to a matter to which I have referred in each of my annual reports since the ending of the war, viz. my appointment as your M.O.H.

I accepted this position in 1940 as a war-time job, and I have been quite ready to relinquish it ever since the war ended in 1945.

I feel that it is high time that the position was filled by a younger man, and personally I shall be glad when it is convenient for you to release me.

At the same time the work is now much less exacting than was the case when I carried out all the diphtheria immunisation in the district, as I did for seven years; moreover I realise that there still exists a serious shortage of medical men, both in the public health service and in general practice. I feel therefore that there is nothing wrong or unpatriotic in my continuing to work for you so long as it is your wish that I should do so, and so long as I continue to enjoy my present very good health.

I am, Ladies and Gentlemen,

Your obedient servant,

C. KILLICK MILLARD.

M.O.H., Blaby and Lutterworth R.D.

The Gilroes,
Leicester.
June 1950.

